

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

WAS RAPCO INDUSTRIES 010578
DEPARTMENT OF NATURAL RESOURCES

RECEIVED
MANAGEMENT PROGRAM

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 178, JEFFERSON CITY, MO 65102

MAR 11 1992

FOR OFFICIAL USE ONLY

[illegible]

1. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX NUMBER																									
C 3	ROUTE 1 BOX 50																										
		CITY OR TOWN																				STATE	ZIP CODE				
C 4	JACKSON																									MO	63755

III. LOCATION OF INSTALLATION

		STREET AND NUMBER																	
C	5	7 MISSION I-55 OUTER RD																	
		CITY OR TOWN																STATE	ZIP CODE
C	6	JACKSON																MO	63755


IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)													TELEPHONE NUMBER															
C 2	W	I	L	L	I	A	M	S,	D	A	L	E	A	C	C	T	N	G	3	1	4	2	4	3	1	4	3	3

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																B. TYPE OF OWNERSHIP (ENTER CODE)			
C R	R	A	P	L	O	I	N	T	E	R	N	A	T	I	O	N	A	L	CORPORATION

IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY		B. USED OIL FUEL ACTIVITIES	
<input checked="" type="checkbox"/> 1a. GENERATOR	<input checked="" type="checkbox"/> 1b. LESS THAN 1,000 KG./MO.	<input type="checkbox"/> 6. OFF-SPECIFICATION USED OIL FUEL (enter 'X' & mark appropriate boxes below)	
<input type="checkbox"/> 2. TRANSPORTER		<input type="checkbox"/> a. GENERATOR MARKETING TO BURNER	
<input type="checkbox"/> 3. TREATER/STORER/DISPOSER		<input type="checkbox"/> b. OTHER MARKETER	
<input type="checkbox"/> 4. UNDERGROUND INJECTION		<input type="checkbox"/> c. BURNER	
<input checked="" type="checkbox"/> 5. MARKET OR BURN HAZARDOUS WASTE <input checked="" type="checkbox"/> A. GENERATOR <input type="checkbox"/> B. OTHER MARKETER	 000347004	<input type="checkbox"/> 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION	

VII. WASTE FUEL BU

(Enter 'X' in all app
oil fuel is burned. Set

RCRA RECORDS CENTER

☐ A. UTILITY BOILER☐ B. INDUSTRIAL BOILER☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (SPECIFY) _____

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. FIRST NOTIFICATION

☒ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

C. INSTALLATION'S EPA I.D. NUMBER

☐ A. FIRST NOTIFICATION ☒ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C) M O D 4 8 1 7 3 2 3 1 7

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	ID - FOR OFFICIAL USE ONLY
<div style="display: flex; justify-content: space-around;"> C W </div>	<div style="display: flex; justify-content: space-around;"> T/A C </div>

X. DESCRIPTION OF HAZARDOUS WASTE

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO. <div style="display: flex; justify-content: space-around;"> F003 F005 </div>	AMOUNT AND FREQUENCY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
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B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO. <div style="display: flex; justify-content: space-around;"> </div>	AMOUNT AND FREQUENCY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
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C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE I.D. NO. <div style="display: flex; justify-content: space-around;"> </div>	AMOUNT AND FREQUENCY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div>
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D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> AMOUNT AND FREQUENCY <div style="display: flex; justify-content: space-around;"> X <div style="border: 1px solid black; padding: 2px;">1. IGNITABLE (D001)</div> </div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="width: 40%;"> <div style="border: 1px solid black; padding: 2px;">2. CORROSIVE (D002)</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="width: 40%;"> <div style="border: 1px solid black; padding: 2px;">3. REACTIVE (D003)</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>

SAME AS ABOVE WASTE

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> AMOUNT AND FREQUENCY <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">4. TOXIC</div> </div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="width: 40%;"> <div style="border: 1px solid black; padding: 2px;">Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.</div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="width: 40%;"> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div>

MISSOURI REQUIRED INFORMATION

MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED) _____

PRINCIPAL BUSINESS ACTIVITY _____

S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)

CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY ☐

XI. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>	NAME AND OFFICIAL TITLE (TYPE OR PRINT) <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> ACCOUNTING MANAGER </div>	DATE <div style="border: 1px solid black; width: 100px; height: 40px; display: flex; align-items: center; justify-content: center;"> 3/6/92 </div>
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